

**United States Bankruptcy Court  
Eastern District of Oklahoma**

In re Harold Martin, Jr.

Debtor(s)

Case No. 16-80048  
Chapter 7

**PAYMENT ADVICES CERTIFICATION**

(NOTE: A separate form must be filed by *each* debtor in a joint case)

Pursuant to 11 U.S.C. § 521(a)(1)(B)(iv), a debtor shall file copies of *all* payment advices or other evidence of payment (such as paycheck stubs, direct deposit statements, employer's statement of hours and earnings) received from the debtor's employer *within 60 days* before the date the debtor filed his/her bankruptcy case (the "petition date").\*

I, Harold Martin, Jr. hereby state as follows:  
(debtor's name)

(select one)

- ☐ I have attached hereto, or previously filed with the Court, copies of all payment advices or other evidence of payment received from my employer(s) within 60 days before the petition date.
- ☒ I received payment advices from an employer(s) during the 60 days before the petition date but have not yet located or obtained copies of all of the payment advices.
- ☒ I did not receive any payment advices or other evidence of payment from any employer at any point during the 60 days before the petition date. I RECEIVE SOCIAL SECURITY IN THE AMOUNT OF \$1243.90/MO, PENSION FROM OKLAHOMA CITY EMPLOYEE RETIREMENT SYSTEM OF \$762.27/MO, VA BENEFITS IN THE AMOUNT OF \$440/MO, AND PENSION FROM OPERATING ENGINEERS OF \$645/MO;  
NON-FILING SPOUSE SOCIAL SECURITY IN THE AMOUNT OF \$797.90 AND VA BENEFITS IN THE AMOUNT OF \$1254/MO

(If you were employed, attach an explanation of why you did not receive any payment advices from your employer.)

I declare under penalty of perjury that the foregoing statement is true and correct to the best of my knowledge, information and belief.

Date: February 2, 2016/s/ Harold Martin, Jr.

(Signature of Debtor)

Print name: Harold Martin, Jr.

\* In order to protect the debtor's privacy, all but the last four digits of the Debtor's social security number and financial account number should be redacted from any payment advice. References to dates of birth should contain only the year and names of any minors should be redacted or include only initials.

Respectfully submitted,

/s/ Chris Mudd  
Chris Mudd, OBA #14008  
3904 NW 23rd Street  
Oklahoma City, Oklahoma 73107  
Chrismudd@chrismudd.com  
405-848-6024 - Telephone  
405-842-4000 - Facsimile  
ATTORNEY FOR DEBTOR

# Your New Benefit Amount

BENEFICIARY'S NAME: HAROLD M MARTIN JR

Your Social Security benefits will increase by 1.7 percent in 2015 because of a rise in the cost of living. **You can use this letter when you need proof of your benefit amount to receive food, rent, or energy assistance; bank loans; or for other business.** Keep this letter with your important financial records.

## **How Much Will I Get And When?**

• Your monthly amount (before deductions) is	\$1,243.90
• The amount we deduct for Medicare medical insurance is (If you did not have Medicare as of Nov. 20, 2014, or if someone else pays your premium, we show \$0.00.)	\$104.90
• The amount we deduct for your Medicare prescription drug plan is (If you did not elect withholding as of Nov. 1, 2014, we show \$0.00.)	\$0.00
• The amount we deduct for voluntary Federal tax withholding is (If you did not elect voluntary tax withholding as of Nov. 20, 2014, we show \$0.00.)	\$0.00
• After we take any other deductions, you will receive on or about Jan. 2, 2015.	\$1,139.00

If you disagree with any of these amounts, you must write to us within 60 days from the date you receive this letter. We would be happy to review the amounts.

You may receive your benefits through direct deposit, a Direct Express® card, or an Electronic Transfer Account. If you still receive a paper check and want to switch to an electronic payment, please visit the Department of the Treasury's Go Direct website at [www.godirect.org](http://www.godirect.org).

## **What If I Have Questions?**

Please visit our website at [www.socialsecurity.gov](http://www.socialsecurity.gov) for more information and a variety of online services. You also can call 1-800-772-1213 and speak to a representative from 7 a.m. until 7 p.m., Monday through Friday. Recorded information and services are available 24 hours a day. Our lines are busiest early in the week, early in the month, as well as during the week between Christmas and New Year's Day; it is best to call at other times. If you are deaf or hard of hearing, call our TTY number, 1-800-325-0778. If you are outside the United States, you can contact any U.S. embassy or consulate office. Please have your Social Security claim number available when you call or visit and include it on any letter you send to Social Security. If you are inside the United States and need assistance of any kind, you can visit your local office.

909 E FEDERAL ST  
SHAWNEE OK

2715151

**J.P.Morgan**

Benefit Payment Services  
TX1-J208  
PO Box 809008  
Dallas, TX 75380-9008

**MESSAGES**

QUESTIONS CONTACT RENA HUTTON  
AT 405-297-2408  
RETIREE ASSOCIATION NOTICE  
MEETING OCTOBER 13, 2015  
WILL ROGERS PARK CENTER 11:30



28107 BPS4 Z2 15284 - NNNNNNNNNNNN 701829K01 REFT

HAROLD MARTIN  
13875 NS 3540  
KONAWA OK 74849-6036

**OKLAHOMA CITY EMPLOYEE RETIREMENT SYSTEM**

Date	Payment Group	Advice No.	Social Security No.	Participant's Name	
09-30-2015	701829K01	0056248013	XXX-XX-XXXX	HAROLD MARTIN	
Current Gross	Current Net	Gross Year to Date	Taxable Year to Date	Non Taxable Year to Date	
\$762.27	\$474.55	\$6,860.43	\$6,860.43	\$0.00	

**FINANCIAL INFORMATION**

Payment Source	Current Amount	Deductions	Current Amount	Year to Date
REGULAR PENSION	\$762.27	FEDERAL TAX	\$23.73	\$214.40
		GROUP INDEMNITY	\$250.79	\$2,257.11
		RLIFE	\$12.20	\$109.80
		OK STATE TAX	\$1.00	\$9.00

**ADVICE OF DIRECT DEPOSIT**

FOR \$474.55

Account Number

XXXX0711

**NOT NEGOTIABLE**  
RETAIN THIS STATEMENT FOR  
YOUR PERMANENT RECORD

**J.P.Morgan** Benefit Payment Services  
TX1-J208  
PO Box 809008  
Dallas, TX 75380-9008

**MESSAGES**

QUESTIONS CONTACT RENA HUTTON  
AT 405-297-2408  
RETIREE ASSOCIATION NOTICE  
MEETING OCTOBER 13, 2015  
WILL ROGERS PARK CENTER 11:30



03948 BPS4 Z2 15233 - NNNNNNNNNNNN 701829K01 REFT

**HAROLD MARTIN**  
13875 NS 3540  
KONAWA OK 74849-6036

**OKLAHOMA CITY EMPLOYEE RETIREMENT SYSTEM**

Date	Payment Group	Advice No.	Social Security No.	Participant's Name
08-31-2015	701829K01	0055865388	XXX-XX-XXXX	HAROLD MARTIN

Current Gross	Current Net	Gross Year to Date	Taxable Year to Date	Non Taxable Year to Date
\$762.27	\$474.55	\$6,098.16	\$6,098.16	\$0.00

**FINANCIAL INFORMATION**

Payment Source	Current Amount	Deductions	Current Amount	Year to Date
REGULAR PENSION	\$762.27	FEDERAL TAX	\$23.73	\$190.67
		GROUP INDEMNITY	\$250.79	\$2,006.32
		RLIFE	\$12.20	\$97.60
		OK STATE TAX	\$1.00	\$8.00

## ADVICE OF DIRECT DEPOSIT

FOR \$474.55

**Account Number**

XXXX0711

**NOT NEGOTIABLE**  
**RETAIN THIS STATEMENT FOR**  
**YOUR PERMANENT RECORD**

# Your New Benefit Amount

BENEFICIARY'S NAME: DONNA J MARTIN

Your Social Security benefits will increase by 1.7 percent in 2015 because of a rise in the cost of living. **You can use this letter when you need proof of your benefit amount to receive food, rent, or energy assistance; bank loans; or for other business.** Keep this letter with your important financial records.

## How Much Will I Get And When?

- |  |                 |
|--|-----------------|
| • Your monthly amount (before deductions) is   | <u>\$797.90</u> |
| • The amount we deduct for Medicare medical insurance is<br>(If you did not have Medicare as of Nov. 20, 2014,<br>or if someone else pays your premium, we show \$0.00.) | <u>\$104.90</u> |
| • The amount we deduct for your Medicare prescription drug plan is<br>(If you did not elect withholding as of Nov. 1, 2014, we show \$0.00.)                             | <u>\$0.00</u>   |
| • The amount we deduct for voluntary Federal tax withholding is<br>(If you did not elect voluntary tax withholding as of<br>Nov. 20, 2014, we show \$0.00.)              | <u>\$0.00</u>   |
| • After we take any other deductions, you will receive<br>on or about Jan. 28, 2015.   | <u>\$693.00</u> |

If you disagree with any of these amounts, you must write to us within 60 days from the date you receive this letter. We would be happy to review the amounts.

You may receive your benefits through direct deposit, a Direct Express® card, or an Electronic Transfer Account. If you still receive a paper check and want to switch to an electronic payment, please visit the Department of the Treasury's Go Direct website at [www.godirect.org](http://www.godirect.org).

## What If I Have Questions?

Please visit our website at [www.socialsecurity.gov](http://www.socialsecurity.gov) for more information and a variety of online services. You also can call 1-800-772-1213 and speak to a representative from 7 a.m. until 7 p.m., Monday through Friday. Recorded information and services are available 24 hours a day. Our lines are busiest early in the week, early in the month, as well as during the week between Christmas and New Year's Day; it is best to call at other times. If you are deaf or hard of hearing, call our TTY number, 1-800-325-0778. If you are outside the United States, you can contact any U.S. embassy or consulate office. Please have your Social Security claim number available when you call or visit and include it on any letter you send to Social Security. If you are inside the United States and need assistance of any kind, you can visit your local office.

909 E FEDERAL ST  
SHAWNEE OK

2785884